

CLAIMS ONLY

Application Number <i>10-712339</i>	Filing Date
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
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49						
50						
Total Indep	2					
Total Depend	12					
Total Claims	14					

Indep	Depend	Indep	Depend	Indep	Depend
51					
52					
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99					
100					
Total Indep					
Total Depend					
Total Claims					